



Rapid Plastics Incorporated

Credit Card Authorization

BUSINESS INFORMATION

Company name:

Business address:

City: State: ZIP Code: Country:

Telephone: Fax: E-mail:

Company Website:

CREDIT CARD INFORMATION

Company name:

Credit Card Number:

Card Type: VISA MASTERCARD AMEX Expiration Date: V# (last 3 digits on back of card)

Name exactly as it appears on card:

Billing Address:

City: State: ZIP Code: Country:

Authorized Signature:

Keep credit card on file? YES NO

Tax ID# _____

SIGNATURES

Name:

Title:

Date:

Signature:

PLEASE FAX THIS COMPLETED FORM TO 718.922.9329

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